Self-Certification Statement and Application
for
United States Postal Service® *FASTforward*Ê Licensee

Please Print

Licensee Name: _____

Licensee Address: _____

_____

_____

Vendor Company Name: _____

Tax Identification No (TIN): _____ Telephone No.:_____

Fax No.: _____

Point of Contact: _____

Parent Company (if applicable):_____

TERMS AND CONDITIONS OF APPLICATION FOR LICENSE

1. The United States Postal Service *FASTforward* technology, as stated in the License Agreement, may only be used to prepare mail for the purpose of acceptance and delivery by the USPS® (United States Postal Service®) or to provide address information that will be used to correct addresses for the same purpose.

2. Prior to consideration for a *FASTforward* license, I, as a potential Licensee, must demonstrate that the multiline optical character reader(s) (MLOCR) to be *FASTforward* -enhanced will have obtained and will keep current a USPS MASS™ (Multiline Accuracy Support System) certification.

3. Prior to consideration for a *FASTforward* license, I, as a potential Licensee, must demonstrate, in accordance with Section 6.1 of the *Licensee Performance Requirements*, that I have obtained (purchased, leased, or created) an MLOCR system(s) that has been USPS-precertified as *FASTforward*^{SM} capable.

4. No *FASTforward* license will be granted to me prior to USPS acceptance testing and approval of my specific MLOCR platform at my site.

I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to applying for or obtaining a USPS *FASTforward* License Agreement.

Name (please print): _____

Title: _____

Signature:_____Date: _____

FASTforward â
Multiline Optical Character Reader (MLOCR)
Potential Licensee Survey

LICENSING CONTACT:

Contact Name:_____

Company Name:_____

Address:_____

City:_____ State:_____ ZIP+4 _____ - _____

Phone: (_____) - _____ - _____ Ext _____   Fax: (_____) - _____ - _____

SITE CONTACT: (Location of *FASTforward* System)

Contact Name:_____

Address:_____

City:_____ State:_____ ZIP+4 _____ - _____

Phone: (_____) - _____ - _____ Ext _____   Fax: (_____) - _____ - _____

TECHNICAL CONTACT INFORMATION:

Contact Name:_____

Address:_____

City:_____ State:_____ ZIP+4 _____ - _____

Phone: (_____) - _____ - _____ Ext _____   Fax: (_____) - _____ - _____

MARKETING CONTACT: (Information will be published in USPS Service Provider List)

Contact Name:_____

Phone: (_____) - _____ - _____ Ext _____   Fax: (_____) - _____ - _____

POST OFFICE USED PRIMARILY FOR DEPOSITING MAIL:

Name:_____

Address:_____

City:_____ State:_____ ZIP+4 _____ - _____

Phone: (_____) - _____ - _____ Ext _____   Fax: (_____) - _____ - _____

MLOCR Machine Operator Contact
Name:_____
Address:_____
City:_____ State:_____ ZIP+4_____
Phone:_____ Ext._____ Fax:_____

What is your intended use of *FASTforward*:

	Service Provider Only
	In-House Processing Only
	Both

How many USPS *FASTforward* systems are you requesting? (Please circle)

1   2   3   4   5   6   7   8   9   10

<p style="text-align:center;">FASTforwardâ
Multiline Optical Character Reader (MLOCR)
Potential Licensee Information</p>

List *all* holidays observed by your facility, including those on which the facility is closed.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Normal facility hours of operation:

Daily Work Schedule	
Day	**Hours of Operation**
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Expected normal hours of *FASTforward* operation:

Schedule for *FASTforward* processing	
Day	**Hours of Operation**
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

*FASTforward*â
Multiline Optical Character Reader (MLOCR)
Equipment Information

NOTE: This page may be copied for multiple systems. A <u>completed form</u> must be submitted for each system.

Telephone number connected and dedicated <u>ONLY</u> to the USPS *FASTforward* system at all times: (_____) - _____ - _____

MLOCR Manufacturer Information	
Contact Name	
Vendor Name	
Mailing Address	
Telephone Number	

Hardware Information	
Model #	
Serial #	
Transport and Belt Speed	
Inkjet Printer and Model #	
Optics (list all cameras)	

Software Information	
Character Recognition Software and Version Number	
CASS™ (Coding Accuracy Support System) -Certified Software and Version Number	

Number of MLOCR machines that will be attached to this USPS *FASTforward* system: _____